

**AMENDMENTS TO THE CLAIMS:**

This listing of claims will replace all prior versions and listings of claims in the application:

1-51. (Canceled)

52. (Currently Amended) A method for placing a conduit in the wall of a patient's heart, the method comprising steps of:

- (a) providing a support member and [[a]] an expandable conduit;
- (b) from a position exterior to a coronary vessel, passing the support member ~~first~~~~and the conduit through an exterior~~ a wall of a coronary vessel and then through the wall of a patient's heart;
- (c) positioning the conduit within the wall of the heart; and
- (d) removing the support member from the wall of the heart.

53. (Previously Presented) The method of claim 52, wherein a sheath overlies the conduit, and further comprising the step of moving the sheath to expose the conduit once a shaft and conduit are positioned in the wall of the heart.

54. (Currently Amended) The method of claim 53, ~~wherein the conduit is expandable and further comprising the step of expanding the conduit within the wall of the heart.~~

55. (Previously Presented) The method of claim 52, wherein step (b) is carried out by first forming an opening extending at least partially through the wall of the heart and then passing the support member through the opening.

56. (Currently Amended) The method of claim 52, wherein the conduit is passed through [[a]] the wall of [[a]] the coronary vessel and through the wall of the heart into a heart chamber containing oxygenated blood, and the conduit is positioned so as to place the heart chamber in communication with the interior of the coronary vessel.

57. (Previously Presented) The method of claim 55, wherein the coronary vessel is a coronary artery and the heart chamber is the left ventricle.

58.-59. (Canceled)

60. (Currently Amended) A method for placing and expanding a conduit in the wall of a patient's heart, the method comprising steps of:  
providing a support member and a conduit, the conduit being supported in a collapsed orientation and movable to an expanded orientation;

passing the support member and the conduit from a position exterior to a coronary vessel through an exterior wall of [[a]] the coronary vessel;  
placing the support member and the conduit in a wall of a patient's heart;  
positioning the conduit within the wall of the heart; and  
removing the support member and leaving the conduit in the wall of the heart,  
wherein the support member passes through the exterior wall of the coronary vessel prior to placing the support member in the wall of the patient's heart.

61. (Previously Presented) The method of claim 60, wherein the conduit is passed through the exterior wall of the coronary vessel and through the wall of the heart into a heart chamber containing oxygenated blood, the conduit placing the heart chamber in communication with the interior of the coronary vessel.

62. (Previously Presented) The method of claim 61, wherein the coronary vessel is a coronary artery and the heart chamber is the left ventricle.

63. (Previously Presented) The method of claim 61, wherein the conduit is positioned in the wall of the heart so that one end of the conduit extends partially into the heart chamber.

64.-108. (Canceled)

109. (Currently Amended) The method of claim 52, wherein step (b) includes passing a sharpened end of the support member through the wall of the heart.

110. (Currently Amended) A method for forming a blood flow path from a heart chamber to a coronary vessel, comprising the steps of:

providing a transmyocardial implant delivery system with a sheath;  
inserting the sheath through an outer surface of a heart wall of the heart chamber at a location offset from the coronary vessel;  
removing the sheath from the heart wall, leaving a hollow conduit in place within the heart wall, a first end of the conduit in fluid communication with the heart chamber;  
and  
connecting a second end of the conduit to the coronary vessel.

111. (Previously Presented) The method of claim 110, wherein the conduit includes a rigid portion adjacent the first end within the heart wall which is sufficiently rigid to remain open during systole and diastole.

112. (Previously Presented) The method according to claim 110, the method further comprising the steps of:

providing an incision in the coronary vessel;  
inserting the second end of the conduit within a lumen of the coronary vessel;  
and  
securing the second end within the lumen of the coronary vessel.

113. (Previously Presented) The method according to claim 112, wherein the second end of the conduit is releasably held by a working end of a tool and is directed to the coronary vessel by the tool.

114. (Previously Presented) The method according to claim 110, wherein the second end includes an anastomosis device having a flange, wherein the anastomosis device is used to secure the second end of the conduit within a lumen of the coronary vessel.

115. (Previously Presented) The method according to claim 114, further comprising the steps of:

providing an incision in the coronary vessel;  
inserting the second end including the flange through the incision; and  
securing the flange to the coronary vessel.

116. (New) The method of claim 52, further comprising passing the conduit through the exterior wall of the coronary vessel and through the wall of the patient's heart.

117. (New) The method of claim 116, wherein the passing the conduit includes passing the conduit first through the exterior wall of the coronary vessel and then through the wall of the patient's heart.

118. (New) The method of claim 60, further comprising passing the conduit through the exterior wall of the coronary vessel and through the wall of the patient's heart.

119. (New) The method of claim 118, wherein the passing the conduit includes passing the conduit first through the exterior wall of the coronary vessel and then through the wall of the patient's heart.